

Benefit and contribution schedule **2024**

OWN YOUR TOMORROW

sasolmed



Administered by
 **Discovery**
Health



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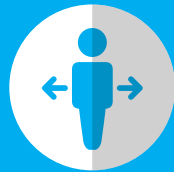
The choice is yours!

Sasolmed offers you flexibility around your choice of providers for the treatment of your family's chronic conditions:



COMPREHENSIVE NETWORK OPTION

On the **Comprehensive Network Option**, members can opt to pay the full contribution and to consult a wide network of general practitioners (GPs) and pharmacies as their designated service providers (DSPs) for their chronic conditions. A wide chronic medicine list (formulary) applies.



RESTRICTED NETWORK OPTION

On the **Restricted Network Option**, members can opt for a discounted contribution and, in turn, agree to consult only a restricted network of GPs and pharmacies for their chronic conditions. A restricted chronic medicine list (formulary) applies.



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COMPREHENSIVE NETWORK OPTION

By selecting the Comprehensive Network Option:

- You can use ANY GP and ANY pharmacy for your and your family's chronic consultation and chronic medicine needs (please remember to nominate a preferred general practitioner (PGP) as your coordinator of care).
- You will pay the standard contribution, based on your income and family composition (while there is a discounted contribution on the Restricted Network Option; read more in the adjacent column).
- A comprehensive medicine formulary (medicine list) will apply in respect of chronic medicine. This Comprehensive Network Formulary covers a more extensive list of medicines than the Restricted Network Formulary that applies to the Restricted Network Option (more information below).
- All other benefits and limits will be the same on the Comprehensive Network Option, as if you were to choose the Restricted Network Option – please check this Summary of Benefits for GP consultation and chronic medicine benefits for 2024.

Visit [mediscor.co.za](https://www.sasolmed.co.za) > Information for Members > Search Client Medicine Formulary, and select the Sasolmed Comprehensive Network Formulary to view the chronic medicine list for this option.



RESTRICTED NETWORK OPTION

By selecting the Restricted Network Option:

- You agree to use GPs from a RESTRICTED network of GPs, the Premier Plus Network* and the Medipost courier pharmacy as the DSPs for your and your family's chronic needs (please remember to nominate a PGP as your coordinator of healthcare - see footnote below).
- You agree to use medicine on a RESTRICTED medicine formulary (medicine list) – the Restricted Network Formulary – for your and your family's chronic medicine needs.
- You may incur additional co-payments or shortfalls on claims if you use non-network GPs, if you use a pharmacy other than Medipost, or if you use medicine that is not on the Restricted Network Formulary for your and your family's chronic needs.
- All other benefits and limits will be the same on the Restricted Network Option, as if you were to choose the Comprehensive Network Option – please check this Summary of Benefits for GP consultation and chronic medicine benefits for 2024.

If you or any of your family members have chronic conditions, please do the following before choosing the Restricted Network Option.

- Visit [mediscor.co.za](https://www.sasolmed.co.za) > Information for Members > Search Client Medicine Formulary, and select the Sasolmed Restricted Network Formulary to view the chronic medicine list for this option.
- Decide if it will cover your needs and, if not, consider whether you are in a financial position to cover the shortfalls. If not, we suggest choosing the Comprehensive Network Option instead.
- Check the Restricted Network GP list on [sasolmed.co.za](https://www.sasolmed.co.za) from 1 January 2024, to confirm whether your preferred GP is on the network. If not, and you are not willing to change to another GP who is on the Restricted Network of GPs, you should rather consider the Comprehensive Network Option in order to avoid additional co-payments on your chronic consultations.
- Check the Medipost brochure for information on how to order chronic medicine via Medipost. If you prefer to use your current pharmacy rather than switching to the designated courier pharmacy, you should rather consider the Comprehensive Network Option in order to avoid additional co-payments.
- Remember that you will be liable for additional co-payments if you choose this option (and pay the lower contribution) but do not use Restricted Network GPs, the Premier Plus Network, when visiting a GP for chronic conditions, and the Medipost courier pharmacy when obtaining chronic medicine.

A contribution table is provided on page 3, but you can also login to [sasolmed.co.za](https://www.sasolmed.co.za) to view your total contribution, or to use our handy contribution calculator to calculate the impact of adding or removing dependants at any time during the year.

Please remember to nominate a PGP for you and each of your family members, irrespective of which option you choose, as co-payments will apply for consultations with a GP other than your nominated PGP.



If you choose the Restricted Network Option, we encourage you to nominate PGPs from the Restricted Network GP, the Premier Plus Network, for anyone in your family with chronic conditions, to avoid additional co-payments on consultations for chronic conditions. You will need your preferred GP's name and practice code before you call 0860 002 134 or use the Option Selection and Preferred General Practitioner (PGP) Nomination form to nominate a PGP/PGPs.

* The Premier Plus Network will be the restricted network of GPs from which members, joining the Restricted Network Option from 2024, will need to choose. You can find a GP in the network on [sasolmed.co.za](https://www.sasolmed.co.za) from 1 January 2024.

CONTRIBUTION TABLE FOR OCTOBER 2023 TO SEPTEMBER 2024

This table reflects the contribution payable to the Scheme based on a member's income and the number and type of dependants he or she has.

Note that whereas the Scheme's benefit year runs from January to December, contributions are adjusted from October every year.

	Principal member contribution (Contribution payable as a percentage of monthly benefit value/control amount, or pension, subject to a minimum of R3 985 per month and a maximum of R29 560 per month)	Spouse/Adult dependant contribution relative to principal member's contribution (Adult dependant contribution rates are payable for child dependants from the age of 23, unless they are permanently disabled)	Child dependant contribution, relative to principal member's contribution (Child dependant contribution rates are payable for child dependants until the age of 23 and for permanently disabled children, irrespective of their age)
 Comprehensive Network as Chronic Network DSP (Any GP/any pharmacy/ wide chronic medicine formulary)	18.16%	75%	17.50%
 Restricted Network as Chronic Network DSP (Limited Premier Plus Network GP/Medipost courier pharmacy/restricted chronic medicine formulary)	16.38%	75%	17.50%

There is a contribution discount of approximately 10% for choosing the Restricted Network Option as your Chronic Network DSP; however, please read the information on the previous pages carefully before making a purely financial choice. Make sure that the Restricted Network will work for you and your family, as you will only be allowed to choose your option when joining the Scheme, and thereafter again from 1 January each year.

Choosing your benefit option and nominating a PGP:

- 1 Make sure you have read and understood the important information above.
- 2 Carefully consider your family's chronic needs in terms of choice of GP, choice of pharmacy and level of chronic medicine formulary cover.
- 3 Choose the **Comprehensive Network Option** for access to a wide network of GPs, a wide network of pharmacies and a comprehensive medicine formulary for the treatment of your family's chronic conditions.

OR

Choose the **Restricted Network Option** and agree to use the Restricted Network of GPs, the Medipost courier pharmacy and a restricted medicine formulary for the treatment of your family's chronic conditions.

- 4 **If you are a new member joining the Scheme:** Use the Sasolmed Application for Membership form (available on sasolmed.co.za) to exercise your option selection and to nominate your PGP. Promptly return the completed form to the Sasol Contact Centre, Human Resources at Shared.Services@sasol.com.
- 5 **If you are an existing member wanting to change your option or to nominate (or change) your PGP:** Complete the Option Selection and PGP Nomination form (available on sasolmed.co.za) and return it to the relevant email address on the form, by **8 December 2023**.
If you miss this deadline, you may only be able to change your option from 1 January 2025.

Remember to nominate a PGP irrespective of your option choice, as co-payments will apply for consultations with a GP other than your nominated PGP.

If you are choosing the Restricted Network Option and you and/or any of your family members have any chronic conditions, we recommend that you nominate a GP who is part of the Restricted Network GP, the Premier Plus Network, as your PGP. Additional co-payments apply on this option for chronic consultations with GPs who are not part of the Restricted Network GP list. You are not obliged to nominate a PGP who is part of this network if you choose the Restricted Network Option, but you will incur the additional co-payments for chronic consultations with a GP who is not part of the network, even if he or she is your nominated PGP.

Preventative care benefits

These preventative care benefits are provided without depleting other annual benefits available to you, as long as you meet the age, gender and frequency criteria as per the table below. These screenings, assessments and vaccinations are there to assist you in carefully monitoring your health. The intervals, age, and gender limits have been determined according to clinical guidelines. In the event that preventative screening results in a diagnosed condition, subsequent testing and treatment for that condition will then be subject to the applicable benefit category, such as radiology, pathology, and authorised chronic medication, and/or may form part of an authorised treatment plan carefully designed to take care of your ongoing needs.

	Test, procedure or medicine	Age	Benefit	Gender
100% of the lower of cost or Scheme tariff	Blood glucose (fasting)	All	One per beneficiary per year	All
	Bone density scan - female	55+	One per beneficiary every two years	Female
	Bone density scan - male	70+	One per beneficiary every two years	Male
	Cholesterol (including a lipogram)	20+	One per beneficiary per year	All
	COVID-19 vaccination	As per Department of Health guidelines	As per Department of Health guidelines	All
	Faecal-occult blood test (colorectal screening)	50+	One per beneficiary per year	All
	Flu vaccination	6 months +	One per beneficiary per year	All
	GP preventative medical examination	All	One per beneficiary per year	All
	Health risk assessment (body mass index, blood pressure, cholesterol finger-prick test and blood sugar finger-prick test) – administered at pharmacy clinic or by biokineticist	18+	One per beneficiary per year	All
	HIV screening test	All	One per beneficiary per year	All
	Mammogram	40 - 49	One per beneficiary every two years	Female
	Mammogram	50+	One per beneficiary per year	Female
	Midstream urine dipstick test	All	One per beneficiary per year	All
	Pap smear and liquid-based cytology test	21+	One of each per beneficiary per year	Female
Pneumococcal vaccination*	18+	One per beneficiary every five years	All	
Prostate-specific antigen (PSA)	40+	One per beneficiary per year	Male	

* Pneumococcal vaccinations are recommended for high-risk patients: the elderly, smokers, diabetics, asthmatics, patients with cancer, recurrent lung disease, bronchitis, liver, kidney and heart failure and wasting and debilitating illnesses, every five years.

Childhood immunisations

Age of child	Vaccines
At birth	BCG Bacilles Calmette Guerin OPV (0) Oral polio vaccine
6 weeks	OPV (1) Oral polio vaccine RV (1) Rotavirus vaccine* DTaP-IPV-HiB-HBV (1) Diptheria, tetanus, acellular pertussis (whooping cough), inactivated polio vaccine and haemophilus influenza and hepatitis B combined PCV (1) Pneumococcal conjugated vaccine
10 weeks	DTaP-IPV-HiB-HBV (2) Diptheria, tetanus, acellular pertussis (whooping cough), inactivated polio vaccine and haemophilus influenza and hepatitis B combined
14 weeks	DTaP-IPV-HiB-HBV (3) Diptheria, tetanus, acellular pertussis (whooping cough), inactivated polio vaccine and haemophilus influenza and hepatitis B combined RV (2) Rotavirus vaccine* PCV (2) Pneumococcal conjugated vaccine
6 months	Measles vaccine (1)**
9 months and onwards	PCV (3) Pneumococcal conjugated vaccine Meningitis (1) Chicken pox
12 months	Measles vaccine (2)**
9-18 months	MMR Measle-mumps-rubella Meningitis (2)
18 months	DTaP-IPV-HiB-HBV (4) Diptheria, tetanus, acellular pertussis (whooping cough), inactivated polio vaccine and haemophilus influenza and hepatitis B combined Hepatitis A (1)
2 years	Hepatitis A (2)
6 years	Td vaccine Tetanus and reduced strength diptheria vaccine MMR Measles-mumps-rubella
9 years onwards	HPV (1) Human papillomavirus HPV (2) six months later
12 years	Td vaccine (2) Tetanus and reduced strength diptheria vaccine MMR Measle-mumps-rubella

* Rotavirus vaccine should not be administered after 6 months

** Do not administer with another vaccine



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Additional programmes and support

The Sasolmed product offering provides targeted interventions to ensure effective healthcare, which has an impact on members' quality of life. Kindly refer to the Member Guide for more information on the programmes available.

Programme	
Disease Prevention Programme	Maternity Management Programme
Back and Neck Rehabilitation Programme (DBC)	Mental Health Programme (Premier Plus Provider)
Weight Management Programme (BASA registered biokineticist)	Oncology Management Programme
Relapse Prevention Programme	DiabetesCare (Premier Plus Provider)
HIVCare	CardioCare (Premier Plus Provider)
Hospital Benefit and Pre-authorisation Management Programme	

Benefit category	Benefits	Limits	Authorisation Additional information
Allied health and alternative healthcare services in and out of hospital			
<ul style="list-style-type: none"> • Audiology • Dietitians • Genetic counselling • Hearing aid acoustics • Occupational therapy • Orthotics • Podiatry • Private nurse practitioners out of hospital (other than as an alternative to hospitalisation) • Speech therapy • Social workers 	100% of the lower of cost or Scheme tariff	Limited to R5 000 per beneficiary per year and further limited to R7 500 per family per year 20% deductible member co-payment	In-hospital services that have been specifically authorised as part an approved hospital admission is not subject to the annual limit and do not attract a 20% deductible co-payment
Acupuncture, homeopathy, naturopathy and osteopathy - consultations			
Acupuncture, homeopathy, naturopathy and osteopathy - prescribed medicine	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee	Subject to Acute Medicine benefit limit 20% deductible member co-payment	Subject to medicine management protocols Exclusions may apply
Ambulance services – contracted provider: ER24			
Emergency medical transportation (only)	100% of cost if preferred provider used, otherwise 100% of Scheme tariff	Unlimited Benefit for medically justified cases only Non-emergency transportation is not covered by the Scheme	Subject to prior approval from the contracted provider (ER24) Call 084 124 for pre-authorisation or within 24 hours if unable to obtain prior approval due to the nature of the emergency No benefits for ambulance services outside the borders of South Africa, or for repatriation of a beneficiary to South Africa

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Benefit category	Benefits	Limits	Authorisation Additional information
Appliances - in and out of hospital (hiring and purchasing of appliances)			
General medical/surgical appliances, including: <ul style="list-style-type: none"> • blood pressure monitors • foot orthotics • glucometers • incontinence products • nebulisers • walking aids • wheelchairs • contact lens for keratoconus • CPAP, APAP and BiPAP appliances for sleep apnoea • CPAP replacement masks • CPAP humidifiers Excluding diabetic accessories and appliances, other than glucometers	100% of the lower of cost or Scheme tariff	Overall limit of R13 250 per family The following sub-limits are included in the overall limit per family: <ul style="list-style-type: none"> • blood pressure monitors: R1 030 per family every 24 months from 1 January 2023 • foot orthotics: R5 000 per beneficiary per year • nebulisers: R1 140 per family every 24 months from 1 January 2023 • walking aids: R1 480 per family every 24 months from 1 January 2023 • contact lenses for keratoconus: R2 940 per lens per beneficiary per year • CPAP, APAP and BiPAP appliances: one per beneficiary every 36 months from 1 January 2022 • CPAP replacement masks: one per beneficiary per year • CPAP humidifier: one per beneficiary every 24 months from 1 January 2023 	Doctor's prescription required Diabetic disposables such as syringes, needles, strips and lancets do not form part of this benefit, and are dealt with under the chronic medicine benefit— see 'Medicines and injection material' on page 15 Insulin pumps, continuous glucose monitoring devices and related consumables do not form part of this benefit, and are dealt with separately on page 8 Hearing aids and hearing aid repairs/ reprogramming do not form part of this benefit, and are dealt with separately below
Specific appliances and accessories, including: <ul style="list-style-type: none"> • oxygen therapy equipment (excluding hyperbaric oxygen treatment) • home ventilators • long-leg calipers • special neck and back braces and any custom-made appliances, home nursing equipment, etc. 	100% of the lower of cost or Scheme tariff	Unlimited	
Stoma products	100% of the lower of cost or Scheme tariff	Unlimited	Doctor's prescription required
Hearing aids	100% of the lower of cost or Scheme tariff	R25 300 per beneficiary every 36 months from 1 January 2022 Member responsible for a R1 000 direct co-payment per purchase within the 36-month benefit cycle	The limit applies cumulatively whether the beneficiary obtains single or bilateral hearing aids
Hearing aid repairs and re-programming	100% of the lower of cost or Scheme tariff	R2 525 per beneficiary every 36 months from 1 January 2022	

Benefit category	Benefits	Limits	Authorisation Additional information
Cochlear implants, including: <ul style="list-style-type: none"> • Cochlear implant device • Initial speech processor • Cost of implant procedure • Rehabilitation costs • Bone cement, bone graft substitutes and bone anchors 	100% of the lower of cost or Scheme tariff	First unilateral implant limited to R295 000 per beneficiary per lifetime	All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place 0860 002 134 / authorisations@sasolmed.co.za
Upgrade or replacement of speech processors	100% of the lower of cost or Scheme tariff	R197 000 per beneficiary per five-year cycle	All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place 0860 002 134 / authorisations@sasolmed.co.za
Insulin pumps, continuous glucose monitoring devices (CGMDs) and related consumables	100% of the lower of cost or Scheme tariff	Unlimited	Continued patient compliance required, as monitored by the relevant managed healthcare programme
Home monitoring devices for clinically appropriate chronic and acute conditions	100% of the Scheme tariff	R4 250 per beneficiary per annum	The device must be approved by the Scheme, subject to the Scheme's protocols and clinical and benefit entry criteria
Blood, blood equivalents, blood products and transportation of blood			
Blood, blood equivalents, blood products and transportation of blood (including authorised erythropoietin)	100% of the lower of cost or Scheme tariff	Unlimited	Use of blood equivalents is subject to pre- authorisation and managed healthcare protocols 0860 002 134 / authorisations@sasolmed.co.za
CardioCare			
Cardiovascular Disease Management for members registered on the Scheme's Disease Management Programme	100% of the lower of cost or Sasolmed Tariff	Unlimited	
Disease Management for cardio-metabolic risk syndrome for members registered on the Scheme's Disease Management Programme	100% of the lower of cost or Sasolmed Tariff	Unlimited	

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Benefit category	Benefits	Limits	Authorisation Additional information
Consultations and visits with GPs and specialists			
GP consultations and visits:			
In hospital	100% of the lower of cost or Scheme tariff 150% for childbirth in hospital	Unlimited	All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place 0860 002 134 / authorisations@sasolmed.co.za
GP consultations and visits:			
Out of hospital	100% of the lower of cost or Scheme tariff for non-contracted GPs	Limited to 8 consultations per beneficiary per year 20% deductible co-payment for non-PGPs (Restricted Network Option only: additional 10% deductible co-payment for chronic consultations with a non-network GP, even if that GP is the nominated PGP) The following GP consultations do not accumulate towards the annual limit: <ul style="list-style-type: none"> • One annual GP preventative medical examination (see Preventative Care Benefits on page 4); • The 12 antenatal consultations with a GP, for beneficiaries on the Maternity Management Programme (see page 14); and • Mental health consultations, subject to an authorised treatment plan (see Mental health on pages 17 and 18). 	Nominating a PGP: Members must nominate a PGP for themselves and each of their dependants Contracted Network GPs for chronic consultations: <ul style="list-style-type: none"> • Comprehensive Network Option: Any GP • Restricted Network Option: Restricted Network GPs
Virtual GP or nurse based consultations	100% of the lower of cost or Scheme tariff	20 consultations per family per year	
Virtual Urgent Care	100% of the lower of cost or Scheme tariff	4 consultations per family per year	
Specialist consultations and visits:			
In hospital (including dental specialists)	150% of the lower of cost or Scheme tariff	Unlimited	All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital re-authorisation being in place

Benefit category	Benefits	Limits	Authorisation Additional information
Out of hospital	100% of the lower of cost or Scheme tariff	Unlimited 20% deductible member co-payment An additional 20% deductible member co-payment will apply if a patient consults a specialist out of hospital without a GP referral, except for: <ul style="list-style-type: none"> • an emergency medical condition (motivation may be required) • dental specialists • gynaecologists – maternity consultations • gynaecologists – one visit per female per year for check-up and pap smear • ophthalmological specialists • paediatricians – visits for children under 12 months • post-surgical care consultations • specialist-to-specialist referrals • specialist consultations that form part of an authorised treatment plan issued by the relevant managed healthcare programme • urologists – one visit per male per year 	GP referral required You can limit or avoid additional co-payments by ensuring that you are referred by a GP before seeing a specialist

Dentistry - cosmetic procedures are excluded from benefits

General anaesthesia and conscious sedation for dental procedures:

In hospital	100% of the lower of cost or Scheme tariff	Unlimited Benefits only available for: <ul style="list-style-type: none"> - children under the age of eight years, and - bony impaction of the third molars 	All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place 0860 002 134 / In hospital: authorisations@sasolmed.co.za
Out of hospital	100% of the lower of cost or Scheme tariff		

Basic dentistry:

Out-of-hospital consultations and visits, including minor oral surgery and associated treatment, removal of teeth and roots, removal of wisdom teeth, exposure of teeth for orthodontic reasons, suturing of wounds, plastic dentures and dental technician's fees (including oral hygienist and dental therapist consultations)	100% of the lower of cost or Scheme tariff 200% for removal of wisdom teeth in doctor's rooms and/or for bony impactions in doctor's rooms as an alternative to hospitalisation	Unlimited	Subject to managed healthcare protocols All general anaesthesia and conscious sedation subject to pre-authorisation
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Benefit category	Benefits	Limits	Authorisation Additional information
In-hospital consultations and oral surgery/ procedures	100% of the lower of cost or Scheme tariff 150% for specialists in hospital	Unlimited Member responsible for a R1 500 direct co-payment per admission for dental procedures in hospital (Co-payment may be waived, subject to clinically acceptable motivation and healthcare protocols)	All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place 0860 002 134 / authorisations@sasolmed.co.za Lingual and labial frenectomies under general anaesthetic granted only for children under the age of eight, subject to pre-authorisation

Advanced dentistry:

Benefit for inlays, crowns, bridges, mounted study models, metal-base partial and complete dentures, treatment by periodontists and prosthodontists, and dental technician's fees for all such dentistry	100% of the lower of cost or Scheme tariff	R12 000 per beneficiary per year and further limited to R15 500 per family per year 20% deductible member co-payment on monthly installments (Advanced dentistry limited benefit does not apply to in- and out-of-hospital oral surgery/procedures unless stated as such elsewhere in this schedule)	Subject to managed healthcare protocols
Orthodontic treatment	100% of the lower of cost or Scheme tariff	Subject to the advanced dentistry benefit limit	

Orthognathic surgery:

Including hospitalisation, specialist and anaesthetist's fees, special investigations, materials, plates, screws and bone equivalents, and all associated costs	100% of the lower of the cost or Scheme tariff 150% for specialists in hospital	Subject to the advanced dentistry benefit limit 20% deductible member co-payment	All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place 0860 002 134 / authorisations@sasolmed.co.za
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Osseo-integrated implants:

All-inclusive benefit for hospitalisation, dental practitioner, anaesthetist, bone, bone equivalents, all material and components and cost of the implants	100% of the lower of cost or Scheme tariff 150% for specialists in hospital	R19 250 per family 20% deductible member co-payment Crowns, bridges and special investigations are subject to the advanced dentistry benefit limit	All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place 0860 002 134 / authorisations@sasolmed.co.za
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Benefit category	Benefits	Limits	Authorisation Additional information
Maxillo-facial surgery and consultations – in and out of hospital:			
Specific oral surgery by maxillo-facial specialists: Consultations and visits, removal of teeth, para-orthodontic surgical procedures and preparation of jaws for prosthetics	100% of the lower of cost or Scheme tariff 150% for specialists in hospital 150% for procedures under conscious sedation in doctor's rooms	Subject to the advanced dentistry benefit limit 20% deductible member co-payment Osseo-integrated implants, orthognathic surgery, minor oral surgery/procedures and impacted wisdom teeth are dealt with elsewhere in this schedule	All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place 0860 002 134 / In hospital: authorisations@sasolmed.co.za
Maxillo-facial surgery: Surgical removal of tumors and neoplasms, sepsis, trauma, congenital birth defects and other surgery	100% of the lower of cost or Scheme tariff 150% for specialists in hospital	Unlimited Osseo-integrated implants, orthognathic surgery, specific oral surgery by maxillo-facial specialists, and impacted wisdom teeth are dealt with elsewhere in this schedule	All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place 0860 002 134 / In hospital: authorisations@sasolmed.co.za
Hip and knee arthroplasties and/or replacements			
Hospitalisation and all in-hospital costs, including accommodation, surgeon's fees, consultations, anaesthesia, physiotherapy, medicine and associated post-operative care via the preferred DSP	100% of cost at the negotiated fee for services rendered via the network provider	Use of network where applicable	All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place 0860 002 134 / authorisations@sasolmed.co.za
Hospitalisation – private and provincial hospitals, day clinics and alternatives to hospitalisation			
In-hospital services:			
Accommodation in a general ward or high-care ward, intensive care unit, theatre fees and theatre medicines, medicines, materials, hospital equipment and blood transfusions	100% of the lower of cost or Scheme tariff	Unlimited benefit excludes hospitalisation for osseo-integrated implants, orthognathic surgery, maternity, mental health, organ, tissue and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medicine, and refractive surgery – these are dealt with elsewhere in this schedule Hospitalisation for hip and knee arthroplasties and/ or replacements are dealt with elsewhere in this schedule – see 'Hip and knee arthroplasties and/or replacements' above Medicine on discharge is subject to the acute benefit limit Private wards covered for medically justifiable cases only and subject to pre-authorisation	All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place 0860 002 134 / authorisations@sasolmed.co.za

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Benefit category	Benefits	Limits	Authorisation Additional information
Casualty/Emergency room consultations with GPs and specialists (outpatient visits):			
If the patient is admitted to hospital	Benefits as for in-hospital GP and specialist consultations	See 'Consultations and visits with GPs and specialists' on pages 9 and 10	All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place 0860 002 134 / authorisations@sasolmed.co.za
If the patient is not admitted to hospital	Benefits as for out-of-hospital GP and specialist consultations		
Facility fee for outpatient visits to a hospital's casualty ward/emergency rooms	100% of the lower of cost or Scheme tariff	Unlimited 20% deductible member co-payment	Co-payment will be waived for bona fide medical emergencies, subject to retrospective authorisation being obtained 0860 002 134 / authorisations@sasolmed.co.za
Alternatives to hospitalisation:			
Sub-acute facilities, private nurse practitioners, hospice, nursing agencies, registered private nurse practitioners and physical rehabilitation facilities	100% of the lower of cost or Scheme tariff	Unlimited	Subject to pre-authorisation and managed healthcare protocols 0860 002 134 / authorisations@sasolmed.co.za
Advanced Illness Benefit	100% of the lower of cost or Scheme tariff	Unlimited	Subject to authorisation and the treatment meeting the Scheme's treatment guidelines and clinical and benefit entry criteria
Home based healthcare for clinically appropriate chronic and acute treatment and conditions that can be treated at home	100% of the lower of cost or Scheme tariff	Unlimited	Subject to authorisation and/or approval, the Scheme's preferred provider (where applicable) and the treatment meeting the Scheme's treatment guidelines and clinical and benefit entry criteria
Infertility			
Investigations, treatment, blood tests, counselling, procedures and surgery	100% of the lower of cost or Scheme tariff	PMBs only	Subject to pre-authorisation and managed healthcare protocols 0860 002 134 / authorisations@sasolmed.co.za
Immunodeficiency syndrome (HIV/AIDS)			
HIV counselling and testing (HCT), antiretroviral and related medicines and related pathology and tests	100% of the lower of cost or Scheme tariff For medicine: 100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee	Unlimited, subject to PMB regulations	Subject to registration on the HIV/AIDS Management Programme, and managed healthcare protocols 0860 002 134 / authorisations@sasolmed.co.za

Benefit category	Benefits	Limits	Authorisation Additional information
Maternity – Pregnancy, childbirth and post-natal care			
Antenatal consultations with a GP, specialist or registered midwife	100% of the lower of cost or Scheme tariff	12 visits per pregnancy 20% deductible member co-payment for GP consultations with a non-PGP A GP referral is not required for antenatal consultations with a specialist or midwife	Subject to registration on the Maternity Management Programme 0860 002 134 / maternity@sasolmed.co.za Additional consultations for beneficiaries registered on the Maternity Management Programme only For beneficiaries not registered on the Maternity Management Programme, GP consultations will be subject to the out-of-hospital GP consultation limit of eight per beneficiary per year
Pregnancy scans, tests, amniocentesis and non-invasive prenatal testing	100% of the lower of cost or Scheme tariff	Two 2D-scans per pregnancy One amniocentesis per pregnancy, including related pathology tests	Subject to registration on the Maternity Management Programme 0860 002 134 / maternity@sasolmed.co.za
Antenatal vitamin supplements	100% of the formulary reference price plus negotiated dispensing fee	Unlimited, subject to Scheme's antenatal vitamin formulary, and maternity treatment plan	Subject to registration on the Maternity Management Programme 0860 002 134 / maternity@sasolmed.co.za Beneficiaries enrolled on the Maternity Management Programme will have access to a basket of antenatal vitamin supplements as part of their authorised maternity treatment plan, from date of enrolment on the programme, for the balance of the pregnancy, and for another three months after the birth Benefits paid from acute medicine limit and subject to acute medicine co-payments, for beneficiaries not registered on the programme
Antenatal classes	100% of the lower of cost or Scheme tariff	R525 per pregnancy	Subject to registration on the Maternity Management Programme 0860 002 134 / maternity@sasolmed.co.za Preferred Provider: Parent Sense
Lactation consultations	100% of the lower of cost or Scheme tariff	R700 per pregnancy for initial and follow-up consultation combined	Subject to registration on the Maternity Management Programme 0860 002 134 / maternity@sasolmed.co.za Preferred Provider: Parent Sense

Benefit category	Benefits	Limits	Authorisation Additional information
Hospitalisation (public or private hospitals):			
Accommodation, theatre fees, labour ward fees, dressings, medicines and materials	100% of the lower of cost or Scheme tariff	Unlimited	Subject to pre-authorisation and managed healthcare protocols 0860 002 134 / authorisations@sasolmed.co.za
Registered birthing units	100% of the lower of cost or Scheme tariff	Unlimited Hire of water bath and oxygen cylinder allowed from registered practitioners only	Subject to pre-authorisation and managed healthcare protocols 0860 002 134 / authorisations@sasolmed.co.za
Delivery by a GP, specialist or registered midwife:			
Including services by an attending anaesthetist and/or paediatrician	150% of the lower of cost or Scheme tariff (in hospital or registered birthing unit) 100% of the lower of cost or Scheme tariff (out of hospital)	Unlimited Hire of water bath and oxygen cylinder allowed from registered practitioners only	All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place 0860 002 134 / authorisations@sasolmed.co.za
Registered medicines, dressings and materials supplied by a registered midwife during and after the birth	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee	Unlimited	Subject to pre-authorisation having been obtained for the delivery
Post-natal consultations with a GP, specialist or midwife	100% of the lower of cost or Scheme tariff	Four post-natal consultations with a midwife per childbirth Post-natal consultations with GPs and specialists within six weeks of the birth are included in the doctor's global obstetric fee and are not chargeable to the member or the Scheme	Subject to registration on the Maternity Management Programme 0860 002 134 / maternity@sasolmed.co.za
Medicines and injection material			
Acute medicines and injections prescribed by a relevant healthcare practitioner Including contraceptives, contraceptive implants/ devices and alternative healthcare medicines	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee	M0: R5 500 M1: R10 150 M2: R12 700 M3+: R16 250 Further limited to R5 500 per beneficiary 20% deductible member co-payment	Subject to medicine management protocols Exclusions may apply
Antenatal vitamin supplements		See 'Maternity – Pregnancy, childbirth and postnatal care' on page 14 No benefit for pharmacy-advised therapy (PAT) (over-the-counter medicine)	Register on the Chronic Illness Benefit for access to a basket of antenatal vitamin supplements as part of your maternity treatment plan, without a 20% deductible co-payment and without using your available acute medicine benefits

Benefit category	Benefits	Limits	Authorisation Additional information
Pharmacy-advised therapy (PAT) (over-the-counter medicine)	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee	R1 550 for a single member or R2 050 per family, with a maximum of R320 per beneficiary per day	Subject to medicine management protocols Exclusions may apply Vitamin supplements are excluded from this benefit, but may be covered from other relevant medicine benefits when prescribed by a doctor for a diagnosed physiological deficiency or related condition, or pregnancy
To-take-out (TTO) medicine following a hospital discharge	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee	R880 per beneficiary per hospital event	Subject to medicine management protocols Exclusions may apply
Chronic medicines:			
For the 26 PMB CDL* conditions covered by the Scheme Excluding non-oncology specialised medicine, oncology specialised medicine and medicine applicable for the treatment of multi-drug resistant tuberculosis (TB) and extensive drug-resistant TB *PMB CDL = Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL); see the list of 26 CDL conditions at the end of this schedule	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee, for formulary medicine obtained from the member's chosen Chronic Network DSP	R27 000 combined limit per beneficiary for PMB and non-PMB chronic conditions Thereafter continued benefits (unlimited) for PMB conditions only 20% deductible member co-payment for voluntary use of a non-formulary drug (Comprehensive Network Option and Restricted Network Option), and voluntary use of a non-DSP (Restricted Network Option only) 100% of cost for involuntary use of a non-DSP or a non-formulary drug, subject to PMB regulations - motivation required	Subject to pre-authorisation and Chronic Illness Benefit protocols 0860 002 134 / chronic@sasolmed.co.za The following Chronic Network DSPs and chronic medicine formularies apply: Comprehensive Network Option: <ul style="list-style-type: none"> any pharmacy Comprehensive Network Formulary Restricted Network Option: <ul style="list-style-type: none"> Medipost courier pharmacy Restricted Network Formulary
For non-PMB chronic conditions covered by the Scheme Excluding non-oncology specialised medicine, oncology specialised medicine and medicine applicable for the treatment of multi-drug resistant tuberculosis (TB) and extensive drug-resistant TB See the list of non-PMB chronic conditions covered by Sasolmed, at the end of this schedule	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee, for formulary medicine obtained from the applicable Chronic Network DSP	R27 000 combined limit per beneficiary for PMB and non-PMB chronic conditions Thereafter continued benefits (unlimited) for 26 PMB CDL conditions only 10% deductible member co-payment An additional 20% deductible member co-payment will apply for the use of non-formulary medicine (Comprehensive Network Option and Restricted Network Option), or medicine obtained from a non-DSP (Restricted Network Option only)	Visit mediscor.co.za > Information for Members > Search Client Medicine Formulary and select either the Comprehensive Formulary or the Restricted Formulary to view the formulary (medicine list) for your chosen Chronic Network DSP Each prescription limited to a maximum of one month's supply at a time, unless additional supplies have been specifically authorised
Non-oncology specialised medicine in and out of hospital:			
Including, but not limited to, biological drug therapy for inflammatory arthritides, inflammatory bowel disease, chronic demyelinating polyneuropathies, chronic hepatitis, botulinum toxins and palivizumab	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee	R200 000 per family	Subject to pre-authorisation and medicine management protocols 0860 002 134 / chronic@sasolmed.co.za Formularies and exclusions may apply

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Benefit category	Benefits	Limits	Authorisation Additional information
Medicine applicable for the treatment of macular degeneration	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee	R53 400 per family, included in the limit of R200 00 per family for non-oncology specialised medicine	Subject to pre-authorisation and medicine management protocols 0860 002 134 / chronic@sasolmed.co.za Formularies and exclusions may apply
Oncology specialised medicine in and out of hospital	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee	R220 000 per family, subject to the overall oncology limit of R580 000 per family See 'Oncology' on page 19	Subject to pre-authorisation/registration on the Oncology Management Programme and oncology management protocols 0860 002 134 / oncology@sasolmed.co.za Formularies and exclusions may apply
Medicine applicable for the treatment of multi-drug resistant tuberculosis (TB) and extensive drug-resistant TB	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee	Unlimited	Subject to pre-authorisation and medicine management protocols 0860 002 134 / chronic@sasolmed.co.za Formularies and exclusions may apply
Mental health (including rehabilitation for alcoholism and drug dependency)			
Overall Mental health limit in and out of hospital	100% of the lower of cost or Scheme tariff 150% for specialists in hospital	R56 300 per family (excluding acute and chronic medicine and medicine provided on discharge from hospital – see 'Medicines and injection material' on page 15 for medicine benefits) An additional R14 900 will be available per beneficiary per year once the above limit has been reached, subject to registration on the Mental Health Programme, use of a Premier Plus Provider, and managed healthcare protocols. See page 2 of this schedule	All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place 0860 002 134 / In hospital: authorisations@sasolmed.co.za Out of hospital: mentalhealth@sasolmed.co.za
Mental health - hospitalisation:			
Accommodation in a general ward, electroconvulsive therapy fees, medicines, materials and hospital equipment	100% of the lower of cost or Scheme tariff	Subject to the overall mental health limit of R56 300 per family per year and PMB cover Additional motivation required for hospitalisation in excess of three days	All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place 0860 002 134 / authorisations@sasolmed.co.za
Mental health - In-hospital consultations, treatment and visits:			
Specialists	150% of the lower of cost or Scheme tariff	Subject to the overall mental health limit of R56 300 per family	All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place 0860 002 134 / authorisations@sasolmed.co.za
GPs and other registered mental health practitioners	100% of the lower of cost or Scheme tariff		

Benefit category	Benefits	Limits	Authorisation Additional information
Mental health - Out-of-hospital consultations, treatment and visits:			
Specialists	100% of the lower of cost or Scheme tariff	R20 000 per family, further subject to the overall mental health limit of R56 300 per family A 20% deductible member co-payment will apply if patient is not registered on the Mental Health Programme	Subject to registration on the Mental Health Programme and managed healthcare protocols 0860 002 134 / mentalhealth@sasolmed.co.za
GPs and other registered mental health practitioners	100% of the lower of cost or Scheme tariff		
Non-surgical procedures and tests by GPs, specialists and clinical technologists			
In-hospital non-surgical procedures and tests, including pre-authorized sleep studies for evaluation of central sleep apnoea (overnight polysomnogram and CPAP titration)	100% of the lower of cost or Scheme tariff 150% for specialists	Unlimited	All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorization being in place
Out-of-hospital non-surgical procedures in doctor's rooms	100% of the lower of cost or Scheme tariff for: <ul style="list-style-type: none"> • 24-hour oesophageal pH studies • breast fine-needle biopsy • cystoscopy • prostate-needle biopsy • oesophageal motility 200% of the lower of cost or Scheme tariff for: <ul style="list-style-type: none"> • colonoscopy • gastroscopy • sigmoidoscopy • proctoscopy • flexible nasopharyngolaryngoscopy 	Unlimited Deductible member co-payments on out-of-hospital GP and specialist consultations, as stated elsewhere in this schedule, will be waived where these non-surgical procedures and tests are performed in doctor's rooms	Subject to managed healthcare protocols
Optometry consultations and appliances			
Consultations and visits with optometrists, including diagnostic procedures	100% of the lower of cost or Scheme tariff	Two consultations per beneficiary per year	Lens enhancements and frames are only covered when claimed in conjunction with clinically appropriate spectacle lenses No benefit for cosmetic enhancements to spectacle lenses and contact lenses
Spectacle lenses, spectacle frames, lens enhancements, tinted lenses for albinism, contact lenses (general), and readers	100% of the lower of cost or Scheme tariff	R4 720 per beneficiary within a 24-month cycle from 1 January 2023	
Contact lenses for keratoconus	100% of the lower of cost or Scheme tariff	See 'Appliances' benefits on page 7	

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Benefit category	Benefits	Limits	Authorisation Additional information
Refractive surgery (including lasik, radial keratotomy and phakic lens insertion)			
In and out of hospital: All-inclusive benefit for refractive surgery and all associated services	100% of the lower of cost or Scheme tariff	R15 100 per beneficiary per lifetime for both lenses where applicable	All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place 0860 002 134 / authorisations@sasolmed.co.za

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Organ, tissue and haemopoietic stem cell (bone marrow) transplants and related medicine, including corneal grafts			
Transplantation, anti-rejection (immunosuppressive) medicine, related radiology and pathology, corneal grafts and post-transplantation biopsies and scans	100% of the lower of cost or Scheme tariff 150% for specialists in hospital	Unlimited, except for corneal grafts Corneal grafts limited to R40 000 per beneficiary Organ harvesting limited to South Africa, except for the harvesting of corneal grafts, which is not limited to South Africa	All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place 0860 002 134 / authorisations@sasolmed.co.za

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Oncology			
Overall oncology limit: Benefit for consultations, visits, treatment, medicine and materials used in mammograms, chemotherapy, radiotherapy, related radiology, related pathology, and flushing of J lines and/or ports	100% of the lower of cost or Scheme tariff 150% for specialists in hospital For medicine: 100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee	R580 000 per family, including a sub-limit of R220 000 per family for oncology specialised medicine	Subject to pre-authorisation/registration on the Oncology Management Programme and oncology management protocols All in-hospital benefits are subject to an associated hospital pre-authorisation being obtained 0860 002 134 / authorisations@sasolmed.co.za Formularies, DSPs and exclusions may apply
Oncology specialised medicine	100% of the lower of single exit price or Scheme's Medicine Reference Price, including dispensing fee	R220 000 per family, subject to the overall oncology limit of R580 000 per family A 20% co-payment may apply should the member be directed by the Oncology Management Programme to a designated service provider (DSP), but the member obtains medicine from a non-DSP instead	Subject to pre-authorisation/registration on the Oncology Management Programme and oncology management protocols 0860 002 134 / oncology@sasolmed.co.za Formularies, DSPs and exclusions may apply
Positron-emission tomography (PET) and computer tomography (CT) scan	100% of the lower of cost or Scheme tariff	Two per family, subject to the overall oncology limit of R580 000 per family	Subject to pre-authorisation/registration on the Oncology Management Programme and oncology management protocols 0860 002 134 / oncology@sasolmed.co.za
Brachytherapy materials: Including seeds and disposables	100% of the lower of cost or Scheme tariff	R51 000 per family, subject to the overall oncology limit of R580 000 per family	Subject to pre-authorisation/registration on the Oncology Management Programme and oncology management protocols 0860 002 134 / oncology@sasolmed.co.za

Benefit category	Benefits	Limits	Authorisation Additional information
Pathology and medical technology			
In hospital	100% of the lower of cost or Scheme tariff	Unlimited	All in-hospital benefits are subject to an associated hospital pre-authorisation being in place
Out of hospital	100% of the lower of cost or Scheme tariff	R5 500 per beneficiary Pathology and medical technology benefits, associated with maternity, oncology, organ, tissue and haemopoietic stem cell transplantation and chronic renal dialysis, are not included in this limit, and are dealt with elsewhere in this schedule	If requested by a GP or medical specialist
Physical therapy			
In-hospital physiotherapy and biokinetics	100% of the lower of cost or Scheme tariff	Unlimited	All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place
Post-hospitalisation physiotherapy within 30 days of discharge from hospital	100% of the lower of cost or Scheme tariff	Limited to a maximum of 10 treatments within 30 days of discharge from hospital	Subject to managed healthcare protocols 0860 002 134 / authorisations@sasolmed.co.za
Out-of-hospital physiotherapy, biokinetics and chiropractics	100% of the lower of cost or Scheme tariff	R5 200 per beneficiary 20% deductible member co-payment Benefits for X-rays (radiology) are dealt with under 'Radiology and radiography' on page 21	
Prostheses			
Internal prostheses (surgically implanted):			
Including prosthesis for intraocular lenses, hip and knee replacements, all temporary prostheses and implant material	100% of the lower of cost or Scheme tariff	R65 000 per beneficiary, including: Sub-limit of R3 160 per lens for intraocular lenses (R6 320 for both lenses specialised and basic); included in the above Benefits for osseo-integrated implants are dealt with under 'Dentistry' on page on page 11 Benefits for cochlear implants and the upgrade or replacement of speech processes are dealt with on page 8	All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place Use of networks where applicable 0860 002 134 / authorisations@sasolmed.co.za
External prostheses:			
Including artificial limbs, artificial eyes and artificial breast prostheses	100% of the lower of cost or Scheme tariff	R69 400 per beneficiary	Subject to managed healthcare protocols 0860 002 134 / authorisations@sasolmed.co.za

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Benefit category	Benefits	Limits	Authorisation Additional information
Renal dialysis			
Chronic and acute dialysis, including authorised erythropoietin and related radiology and pathology	100% of the lower of cost or Scheme tariff	Unlimited	Subject to managed healthcare protocols 0860 002 134 / renal@sasolmed.co.za
Radiology and radiography			
General radiology in and out of hospital including consumables	100% of the lower of cost or Scheme tariff	Unlimited	All in-hospital benefits are subject to an associated hospital pre-authorisation being in place
Overall specialised radiology limit in and out of hospital computed tomography (CT) scans, magnetic resonance imaging (MRI) scans, multigated acquisition (MUGA) scans, radio-isotope studies and angiography	100% of the lower of cost or Scheme tariff	R25 600 per family Bone density scans are not subject to the overall specialised radiology limit Maternity, oncology, organ transplant and renal dialysis are excluded from this benefit and covered elsewhere in this schedule	Subject to pre-authorisation and managed healthcare protocols 0860 002 134 / authorisations@sasolmed.co.za
Computed tomography (CT) colonography (virtual colonoscopy)	100% of the lower of cost or Scheme tariff	Subject to the overall specialised radiology limit of R25 600 per family and further limited to one virtual colonoscopy per beneficiary per year	Subject to pre-authorisation and managed care protocols 0860 002 134 / authorisations@sasolmed.co.za
MDCT coronary angiography	100% of the lower of cost or Scheme tariff	Limited to one per beneficiary per annum	Subject to pre-authorisation and managed care protocols 0860 002 134 / authorisations@sasolmed.co.za
Interventional radiology replacing surgical procedures Benefit for accredited radiologists, physicians and surgeons only	150% of the lower of cost or Scheme tariff	Unlimited	Subject to pre-authorisation and managed care protocols 0860 002 134 / authorisations@sasolmed.co.za
Surgical procedures performed by a general practitioner, a general dental practitioner or a specialist			
In and out of hospital:			
Including day clinics and unattached operating theatres	100% of the lower of cost or Scheme tariff 150% for specialists in hospital	Unlimited Osseo-integrated implants, orthognathic and oral surgery, maternity, and organ transplants are dealt with elsewhere in this schedule	All in-hospital benefits are subject to managed healthcare protocols, and an associated hospital pre-authorisation being in place
Specific surgical procedures in doctor's rooms:			
Laser tonsillectomy	100% of the lower of cost or Scheme tariff	Unlimited	Pre-authorisation not required. Benefit includes related consultation, materials, pathology and radiology if done on the same day as the procedure in doctor's rooms
Circumcision, excision of nail bed, vasectomy	200% of the lower of cost or Scheme tariff	Unlimited	

PRESCRIBED MINIMUM BENEFIT (PMB) CHRONIC DISEASE LIST

1. Addison's disease (hormone imbalance)
2. Asthma
3. Bipolar mood disorder
4. Bronchiectasis (lung and airway disease)
5. Cardiac failure (heart disease)
6. Cardiomyopathy (heart failure)
7. Chronic obstructive pulmonary disease
8. Chronic renal failure (kidney disease)
9. Coronary artery disease (artery obstruction)
10. Crohn's disease (intestinal inflammation and obstruction)
11. Diabetes insipidus (metabolic dysfunction of pituitary gland)
12. Diabetes mellitus type 1 (insulin dependent) and type 2 (generally non-insulin dependent)
13. Dysrhythmia (irregular heartbeat)
14. Epilepsy
15. Glaucoma (high pressure in the eye)
16. Haemophilia (bleeding)
17. HIV/AIDS
18. Hyperlipidaemia
19. Hypertension (high blood pressure)
20. Hypothyroidism (subnormal activity in thyroid)
21. Multiple sclerosis (neurological disease)
22. Parkinson's disease
23. Rheumatoid arthritis
24. Schizophrenia (psychiatric disease)
25. Systemic lupus erythematosus (skin and organ disease)
26. Ulcerative colitis (inflammation and ulceration of the colon and rectum)



NON-PMB CHRONIC CONDITIONS LIST

The conditions marked with an asterisk (*) are possible PMB conditions. Where a possible PMB condition has been validated and authorised as a PMB condition, the funding of associated claims will be as for the 26 PMB CDL conditions.

1. Acne	24. Cystic fibrosis	49. Motor neuron disease	75. Post-traumatic stress disorder
2. Allergic dermatitis	25. Depression	50. Muscular dystrophy	76. Psoriasis
3. Allergic rhinitis	26. Major depression	51. Myasthenia gravis*	77. Psychotic disorders
4. Alzheimer's disease	27. Dermatomyositis	52. Narcolepsy	78. Pulmonary hypertension*
5. Anaphylaxis*	28. Dystonia	53. Nephrotic syndrome*	79. Pulmonary interstitial fibrosis
6. Angioedema*	29. Eczema	54. Neurogenic bladder*	80. Pyelonephritis
7. Ankylosing spondylitis	30. Endocarditis*	55. Obsessive compulsive disorder	81. Raynaud's disease
8. Anorexia nervosa	31. Endocrine disorders (including pituitary, thyroid, parathyroid, ovarian, testicular and adrenal dysfunction, but specifically excluding male menopause)*	56. Obstructive/Reflux nephropathy	82. Renal calculi
9. Aplastic anaemia	32. Endometriosis*	57. Onychomycosis*	83. Rickets
10. Attention deficit disorder – for children 6 to 18 years, unless clinically motivated	33. Enuresis	58. Ophthalmological disorders (including keratoconjunctivitis sicca, but specifically excluding allergic conjunctivitis)*	84. Scleroderma
11. Auto-immune disorders*	34. Essential tremor	59. Osteoarthritis	85. Seborrheic dermatitis
12. Barrett's oesophagitis	35. Gastro-oesophageal reflux disease (complicated)	60. Osteopaenia	86. Sinusitis
13. Behavioural disorders	36. Generalised anxiety disorder	61. Osteoporosis	87. Sjögren's syndrome
14. Benign prostatic hypertrophy*	37. Gout/Hyperuricaemia	62. Paget's disease	88. Spasticity (unrelated to stroke)
15. Blood/Haematological disorders (including nutrient-deficiency and chronic anaemia)	38. Hepatitis B and C	63. Pancreatic disease*	89. Stroke*
16. Bulimia	39. Hirsutism*	64. Panic disorder	90. Thromboangiitis obliterans*
17. Cerebral palsy	40. Huntington's chorea	65. Paraplegia/Quadriplegia*	91. Thrombocytopaenic purpura*
18. Chronic infections (unrelated to HIV infection)	41. Iron deficiency anaemia*	66. Pemphigus*	92. Tic disorder
19. Chronic organic pain syndromes	42. Ischaemic heart disease/Angina*	67. Peptic ulcer disease (including eradication therapy)	93. Tourette's syndrome
20. Cluster headaches	43. Liver failure*	68. Peripheral neuropathy	94. Transient Ischaemic attacks*
21. Connective tissue disorders (including Behçet's syndrome)	44. Macular degeneration	69. Peripheral vascular disease*	95. Trigeminal neuralgia
22. Discoid lupus erythematosus, polychondritis, polymyalgia, rheumatica, polymyositis, systemic sclerosis, Wegener's granulomatosis	45. Meniere's disease	70. Phobic disorders	96. Tuberculosis*
23. Cryoglobinaemia	46. Menopause (female)/Hormone replacement therapy*	71. Polyarteritis nodosa	97. Urinary incontinence
	47. Metabolic disorders*	72. Polycystic ovarian disease*	98. Urticaria
	48. Migraine	73. Post-bowel surgery	99. Valvular heart disease*
		74. Post-herpetic neuralgia	100. Venous thrombotic disorders*
			101. Vitreoretinal disorders*
			102. Zollinger-Ellison syndrome

Disclaimer: While every attempt has been made to ensure accuracy of this document, the registered rules will apply in the case of a dispute. Rules are subject to approval by the Council for Medical Schemes.



sasolmed

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084124



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